N022
The influence of children's inflammatory bowel disease (IBD) on the relationship between parents and their married life-preliminary results

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Background: Paediatric chronic illnesses, especially severe ones, greatly alter not only the quality of life of child, but also its family and especially its parents. The purpose of the study was to investigate whether and how the relationships between parents of children with UC (ulcerative colitis) and CD (Crohn disease) had been changed since the diagnosis of the disease.

Methods: The analysis was based on the results of the questionnaire containing 23 questions addressed to the parents of children with IBD. The questions were generally related to the awareness of the child's illness, subjective assessment of its exacerbation, access to the different kinds of support, marriage misunderstandings due to illness or its exacerbation and the impact of disease on their free time and marriage life. From September 2017, 120 questionnaires were distributed to parents of children with IBD. Till now the 23 completed questionnaires have been returned and 20 of them were included into the analysis (three were excluded due to lack of complete data). The Student t-test was used for the statistical analysis.

Results: 40% of respondents (n = 8) had to permanently resign from work, 65% (n = 13) declared the necessity to give up their hobbies and dreams, and 80% (n = 16) stated that the disease diagnosis had the impact on spending their free time. Respondents who evaluated the severity of the disease in the 9 points scale (0–9) on 6 or more (n = 15) substantially more frequently than the rest indicated the thinking about parting with a partner because of child's illness (n = 10, p < 0.05), the decrease in frequency sexual activity (n = 13, p < 0.05) and the sexual activity only for marriage obligation (n = 9, p < 0.05). Significantly more (75%, n = 15) of the respondents declared that during the child's disease exacerbation they are much less likely to have physical closeness than only due to diagnosis itself while only 25%, n = 5, p < 0.05). Chronic illness had also an impact on the desire to have another child—45% of the respondents (n = 9) stated that due to the IBD diagnosis in the their child they have been resigned from having the further offspring. Statistical analysis did not show any dependency between sex, place of residence, and the answers to the rest of the questions (p > 0.05 in all cases).

Conclusions: Based on above results we concluded that the diagnosis of IBD in the child may have a significant impact on the relationship between the parents and their married life. These are only the preliminary results and theirs verification using the analysis of more questionnaires is needed.

N023
Characterisation of IBD patients with multiple sclerosis at a large IBD unit

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Background: Targeting TNF-α is an important and effective therapeutic approach for patients with moderate-to-severe inflammatory bowel diseases (IBD). TNF-α antibodies have a favourable safety profile. However, known side effects of this treatment are for example allergic reactions and infections. Rare adverse events like central nervous system (CNS) demyelinating disorders (e.g. multiple sclerosis, optic neuritis) in association with TNF-α antibody (AB) therapy have been reported. In summary of this complex and important therapeutic area, we reviewed our patient collective of 1200 patients for known CNS diagnosis, e.g. multiple sclerosis (MS) independent of their IBD treatment.

Methods: All patients were recruited from our IBD outpatient clinic seen between June 2006 and October 2017. Only patient with MS and IBD diagnosis were included. The data were retrospectively collected by chart review and patients were split into 2 groups (CNS diagnosis was done during TNF-α AB treatment=cohort 1; and CNS diagnosis developed during TNF-α AB treatment=cohort 2). Data were analysed for age, age at diagnosis, sex, IBD diagnosis, Montreal Classification (Behaviour (B), Location (L)) and IBD family history with Student t-test and chi-square test.

Results: Overall, 13 patients with CNS diagnosis were included in this study. Six IBD patients were diagnosed with MS (cohort 1) without TNF-α AB treatment. Seven IBD patients were diagnosed during TNF-α AB treatment with MS (cohort 2). IBD diagnosis in cohort 1 was Crohns disease (CD) in 83.3 %, Ulcerative colitis (UC) in 16.7 %; and cohort 2 was CD in 57.1 % and UC in 42.9%. Patients of cohort 2 were diagnosed significant early with IBD (p = 0.01; 16–53 years; SD 9.7 years) compared with cohort 1 (34–53 years; SD 7.3 years). The time between first Anti-TNF AB application and MS diagnosis differs about 12–109 months in cohort 2. Patients of this cohort reported more extraintestinal manifestations like arthralgia (p = 0.16; 85.7% vs. 50.0%) before MS diagnosis. Disease Behaviour (Montreal Classification) of cohort 2 patients was more severe (p = 0.19; B3 60.0%, B1 20.0%, B1P 20.0%) compared with cohort 1 (B2 40.0 %, B1 60.0%). In cohort 1 more patient had a family history of IBD than in cohort 2 (p = 0.20; 60.0% vs. 20.0%).

Conclusions: Despite the small sample size, in our cohort patients with MS developed significant early with TNF-α AB treatment and MS diagnosis differs about 12 months in cohort 2. Patients of this cohort reported more extraintestinal manifestations like arthralgia (p = 0.16; 85.7% vs. 50.0%) before MS diagnosis. Disease Behaviour (Montreal Classification) of cohort 2 patients was more severe (p = 0.19; B3 60.0%, B1 20.0%, B1P 20.0%) compared with cohort 1 (B2 40.0 %, B1 60.0%). In cohort 1 more patient had a family history of IBD than in cohort 2 (p = 0.20; 60.0% vs. 20.0%).

N024
Changing face of care for patients with moderate-to-severe inflammatory bowel disease: The role of specialist nurses in the governance of anti-TNFα prescribing in Romania

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Background: Anti-tumour necrosis factor (TNF) therapy is highly effective for inflammatory bowel disease (IBD). Rigorous supervision prior to and during anti-TNFtreatment is required to screen